

APPLICATION FOR REGISTRATION OF TANNING DEVICES

**FOR OFFICE
USE ONLY**

County _____

Registration No. _____

Information collected on this form will be used to process the application for registration.

Name of Installation _____

Business Address-Street, City, State, Zip _____

Mailing Address if Different than Business Address. _____

Telephone No. and Extension _____

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Name & Title of Person Responsible _____

Number of Tanning Devices _____

Brand Name of Each Device and Model No.

Device	Model No.	Device	Model No.

Primary Type of Business – Tanning, Cosmetology, Health Fitness, etc. _____

If you are responsible for units at locations other than the address listed above, please list the locations. _____

SIGNATURE - Person Responsible _____

Title _____

Date Signed (mm/dd/yy) _____

Complete form and mail original copy and fee to:
Make check in the amount of \$10.00 payable to the
Department of Health and Family Services. Keep a
copy of the completed signed and dated form for your
records.

**Department of Health & Family Services
Division of Public Health
Tanning Device Registration, RM 150
P. O. Box 2659
Madison, WI 53701-2659**

Note: Multiple tanning devices at a single location and under the control of one person may be considered a single registration and only one registration fee is required. If, however, the devices are located at separate addresses, it will be necessary to consider each location as a separate registration and an additional fee is required for each location. **All permits expire on June 30 regardless of issue date.**